



Eureka Police Department Merchant Contact Form



Date: _____

Business Name: _____

Business Address: _____

Business Mailing Address: _____

Business Phone: _____ Fax: _____

Email Address: _____

24/7 Primary Contact Name: _____

Home Phone: _____ Cell Phone: _____

24/7 Secondary Contact Name: _____

Home Phone: _____ Cell Phone: _____

Owner of Business: _____

Owner's Address: _____

Home Phone: _____ Cell Phone: _____

Does this business have an alarm system? Yes___ No___

If yes, is the alarm audible? Yes___ No___

Do you have working surveillance cameras? Yes___ No___

If yes, where are the cameras? Inside___ Outside___ Both___

Alarm Company Name _____

Only complete this form if you have a business within the city limits of Eureka. This form will assist the Eureka Police Department in contacting you if there is ever a police related incident at your business.

Fax completed forms to (707) 441-4281 or

Mail to Eureka Police Department-Communications, 604 C St. Eureka, CA 95501

Business Owner/Manager Name _____

Signature _____

Date _____